

Iowa Department of Education
Division of Community Colleges and Workforce Preparation
400 E. 14<sup>th</sup> St.
Des Moines, IA 50319-0146

## **GED Diploma or Transcript Request Form**

Check Those		DOCUMENTS	PURPOSE AND REQUIREMENTS		TIME	
Documents					REQUIRED	
You Need $()$						
	A	Copy of a May be ordered if you successfully completed and		\$5.00	3-5	
	GED Diploma		passed your GED tests and were awarded a High School		Business	
			Equivalency Diploma by the Iowa Dept. of Education.		Days	
	B Transcript		You will receive an official transcript which includes		3-5	
			scores and test dates. (You may also contact the		Business	
			community college where you tested for this		Days	
			information.)			
Verification Letter (Please use			You may request a Verification Letter to be sent by FAX or Email using the GED Verification			
			Form available on the Iowa Dept. of Education website ( <a href="http://www.iowa.gov/educate/">http://www.iowa.gov/educate/</a> ) if you			
alternate form.)			do not need an official GED Diploma or transcript, but you did satisfactorily complete and pass			
			the GED tests in Iowa.			

			illiormation.)				
Verification Letter (Please use alternate form.)			You may request a Verification Letter to be sent by FAX or Email using the GED Verification Form available on the Iowa Dept. of Education website ( <a href="http://www.iowa.gov/educate/">http://www.iowa.gov/educate/</a> ) if you do not need an official GED Diploma or transcript, but you did satisfactorily complete and pass the GED tests in Iowa.				
Name at the time of testing:			Date Original Diploma Was	Issued: Testing	Testing Location:		
Current Name (if different):			Social Security Number:	Birth Da	Birth Date:		
Street Address:			City:	State:	Zip:		
Phone Number:			Email:	Fax (if a	Fax (if available):		
Any	addition	al information tha	at would be helpful?				
If you	ı wish to	have the docume	nt(s) sent to a different person and/o	or location, please fill o	out the		
•	n below		f	, , , , , , , , , , , , , , , , , , ,			
Name:			Phone:	Fax:	Fax:		
Stree	et Addre	ss:	City:	State:	Zip:		
Email:			Any additional information t	Any additional information that would be helpful?			
		FOR PROCESS	ING:				
Signature of GED				Date of			
Gradu	ıate:			Reques	t:		
		Mail this for	PLEASE:	PLEASE:			
		Iowa Depart		Do not make multiple calls or fax multiple copies regarding the same			
		Attention: GE					
Div	vision of		leges and Workforce Preparation	_	process your request as		
		400	quickly as possil	quickly as possible. Thank you!			

Des Moines, IA 50319-0146